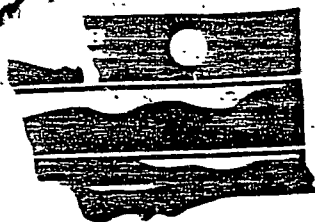


ECY 050-1-20



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: _____

AGA 557

501

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: Suburban Hills Comm Assn
37911F

Last Name: _____

Street Address: _____

City: _____

State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 810W RED ROBIN RD

City: _____

County: _____

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING. WELL HEAD ISOLATED IN WOODS. ROUND CEMENT
STRUCTURE WITH HEAVY CEMENT LID ~ 3 FT HIGH.

Location of Well identification Tag:

CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☐

No

Is, where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

D	C	B	A
	F	G	H
M	L	K	J
I	P	Q	R

REMARKS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One: Application Permit Certificate Claim Exempt